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# MENTAL HEALTH

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**PROVISIONAL NATIONAL COUNCIL FOR MENTAL HEALTH**

Incorporating Central Association for Mental Welfare, Child  
Guidance Council, National Council for Mental Hygiene and  
the work of the Mental Health Emergency Committee

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## The Provisional National Council for Mental Health

The Provisional National Council for Mental Health was formed in January, 1943.\* It is a natural development of the Mental Health Emergency Committee which it displaces, and at the same time owes its existence very largely to a Report of the Feversham Committee, the principal recommendation of which it implements.

It will be remembered by many of our readers that the "essential unity of the mental health service" was the primary conclusion underlying the Feversham Report, while the Report's chief recommendation was:

That a new central voluntary body be set up for England and Wales, to co-ordinate the activities of the voluntary mental health organizations in the country.

The Report was published only a few weeks before the declaration of War, and the Conference planned

to bring it to the notice of the public had to be abandoned. It might, therefore, have seemed to the casual observer at that time that the labour (lasting over a period of three years) which had gone to the production of the Report was wasted effort, but without it, the formation of the Provisional National Council for Mental Health would never have taken place, for it is on the basis of the principles enunciated in the Report that the Council takes its stand.

In January, 1939, the Mental Health Emergency Committee was set up to deal with mental health problems which it was anticipated would arise under war conditions, the threat of which was daily increasing. Formed of representatives of the Central Association for Mental Welfare, the Child Guidance Council and the National Council for Mental Hygiene (with, in addition, representatives of the two professional bodies—the Association of Mental Health Workers and the Association of

\* A circular giving particulars of the formation of the Council can be obtained on application to the Hon. Secretaries, 24 Buckingham Palace Road, London, S.W.1.



Psychiatric Social Workers), the Committee was intended primarily to co-ordinate the essentially wartime activities of its constituent bodies.

In this limited field, therefore, an end was put to over-lapping and a demonstration was made of what co-operation and joint action could achieve.

The success of this experiment not only proved the wisdom of the Feversham Committee's recommendations, but showed that the co-operation established by the three bodies in connection with their war activities must be extended to their other work as well. While complete amalgamation during wartime was out of the question, an Amalgamating Committee to explore possibilities was set up in July, 1942, with the full support of the Ministry of Health, the Board of Control and the Board of Education. Professor J. M. Mackintosh, a member of the Feversham Committee and primarily responsible for the drafting of its Report, was in the chair, and the outcome of this Amalgamating Committee's deliberations was a Scheme for establishing the fullest measure of amalgamation possible under war conditions. The Scheme was accepted by the constituent bodies and in January, 1943, the National Provisional Council for Mental Health held its first meeting.

The Scheme may be summarized as follows:

The Council consists of four representatives and two Honorary Officers from each constituent body (the Central Association for Mental Welfare, the Child Guidance Council and the National Council for Mental Hygiene) with an independent Chairman (for this position it has been fortunate in securing the services of Sir Otto Niemeyer), a Vice-Chairman (Mrs. Montagu Norman) and an Hon. Treasurer (Dr. Mackintosh). The Hon. Secretary of the C.A.M.W. (Miss Evelyn Fox) and the Hon. Secretary of the National Council for Mental Hygiene (Dr. Doris Odium) have been appointed by their respective bodies as Joint Hon. Secretaries of the Council, acting in association with the Medical Director of the Child Guidance Council (Dr. Alan Maberly). The Council takes over the staff of the Mental Health Emergency Committee (which it displaces), and the staffs of the three constituent bodies are seconded for the Council's work.

Two points in connection with the Scheme should be noted :

- (a) That it is provisional and experimental and intended to function in its present form only until complete amalgamation can take place.
- (b) That pending such complete amalgamation, each of the constituent bodies maintains its independent existence and the Executive Committees will meet regularly as before, to receive quarterly reports of the Council's activities.

The three bodies retain control over their own finances, and their position is safeguarded by the

Council's pledge to continue, as far as possible, all the activities previously carried out by them, to strengthen their work in every way and to make no alteration in their policies or principles without their approval.

The activities of the Council will include, as has been noted, all those previously carried out by its constituent bodies, and from the list which follows it will be seen how comprehensive these will be :

#### I. The promotion and maintenance of normal mental health in children and adults.

For this purpose, instruction is given to professional groups, such as doctors, teachers, probation officers and others on the principles of mental health and their application in the working problems which will be encountered daily by such workers. Here is included the organization of lectures and courses for Youth Leaders and other workers in the Youth Service on the psychology of adolescence.

A Loan Service of Educational Psychologists is available to local authorities requiring expert help in psychological problems arising in schools, and for a survey of requirements in connection with the setting up of Child Guidance Services.

Similarly, there is a Loan Service of trained and experienced workers to give advice on War Nurseries, particularly in connection with obtaining and utilizing play material and equipment.

By the organization of lectures and conferences, instruction is given to the general public in the practice of mental health. There are lectures under the Rural Mental Health Education Scheme organized in villages and essentially rural areas, and to the Forces under the Army Education Scheme.

The promotion and carrying out of research in specific mental health problems.

The promotion and maintenance of close contact with mental health organizations in other countries.

#### II. The consideration of problems in relation to, and provision of services for, children and adults suffering from nervous disability or defect.

The study and treatment of problems of behaviour in childhood and the provision of Child Guidance facilities.

The maintenance of a Register of Foster Homes for Nervous, Difficult and Retarded Children, and the provision of supervision after placement.

This includes responsibility for an Hostel for specially difficult children in need of prolonged psychiatric treatment and skilled observation.



The Council is also responsible for a Residential Nursery for evacuated children who are too difficult to be dealt with in ordinary nurseries.

Social case work for children and adults suffering from all types of nervous disability and defect.

The establishment of Homes, Hostels and Workshops for mental defectives and epileptics. The development of community care of epileptics, promotion of legislation on their behalf and creation of public opinion in support of it.

At present, the Council is responsible for five existing Emergency Homes for mental defectives, and four Agricultural Hostels for male patients on licence from certified institutions.

### III. The maintenance of standards of training and provision of training facilities for professional workers dealing with mental health problems.

This includes awards of Fellowships in Psychiatry and Psychology tenable at Child Guidance Training Centres, and Courses for Teachers and Medical Officers, and workers in Mental Deficiency Institutions, Occupation Centres, and Hostels for Difficult Children.

The Treasury grant formerly made to the Mental Health Emergency Committee is being transferred to the Provisional Council to cover the expenses incurred in the taking over of that Committee's responsibilities, and the money which was generously placed at its disposal by H.M. the Queen (from the United States "Bundles for Britain" Fund), will continue to be available for specific purposes.

The Council's administrative expenses will be met by the three constituent bodies, each contributing in proportion to its previous liabilities, and joint premises are being acquired so that all the work may be carried on under one roof.

It should be noted that the services of the Council's Educational Psychologists, War Nursery Advisers, Lecturers and other specialized workers will be available for loan to local authorities and organizations on payment of the necessary fees and expenses, and it is hoped that the greatest use will be made of these services.

Through the amalgamation of the Libraries of the three constituent bodies, improved library facilities will be offered by the Council, particulars of which may be had on application. It is hoped, also, that an efficient Information Service may be established by means of which data on any subject connected with mental health may be available to any worker who requires it. Developments in the work will be recorded in the Council's journal **MENTAL HEALTH**.

It is obviously too soon to make any attempt to assess the results of the establishment of this Council,

but the mere fact of its existence may be taken as an indication of a welcome re-orientation. In the words of the Feversham Report:

Amalgamation means thinking in terms of the individual to be helped, and not in terms of the societies which have previously rendered services.

It means, also, on the part of officers, members and staffs of the amalgamating bodies, a readiness to pool resources and experience acquired through years of pioneering work, and to share fields of activity to which, through long association, no small degree of emotional significance has become attached. These things are not lightly achieved, and at the outset it is inevitable that there will be difficulties of adjustment. But that such initial difficulties will be overcome, can confidently be predicted, for everyone concerned is convinced that increased knowledge and a deepened understanding of the nature of mental health problems, have produced a position in which a continuance of the old methods would have stultified further progress. In the words of the Board of Control in its Report for 1935 :

The special problems of child guidance, of the treatment of borderline cases, of after-care and preventive care, and the manifold problems, medical, social and educational, associated with mental deficiency, are all closely related and to attempt to deal with them in isolation is neither scientific nor conducive to the most economical use of the available resources. The Board cordially agree with Professor Henderson, of Edinburgh, when he says (in his report for 1935), "We must learn to talk of mental health and its maintenance rather than of mental disease and its cure." Until this is generally recognized, no real progress can be made on preventive lines, and sectional interests will continue to compete against one another for public support.

But internal difficulties are not the only ones that have to be solved. The general public has contributed very largely to the divisions that have heretofore existed, by its own fears and prejudices in the Mental Health field. One of the first objectives of the new Council must be the dispersal of these fears by bringing about a greater understanding of the nature of neurosis, mental defect and psychosis and of their cause, prevention and treatment. Only in this way will an attitude dominated by fear and guilt give place to one of healthy, constructive sympathy and understanding, and only in this way will be spread a knowledge of the all-important truth that the seeds which may ultimately produce these various disorders are sown in childhood and adolescence, and that a knowledge of the factors which promote and maintain mental health during these periods is essential for every parent, nurse and teacher.



## The Children's Magistrate and the Child Guidance Clinic\*

By JOHN A. F. WATSON

Chairman of the Southwark Juvenile Court and author of *The Child and the Magistrate*

Somewhere in the Home Office is a photograph of two little brothers, aged eleven and thirteen. From head to foot they are garbed in the convict dress of the period—forage cap, tightly buttoned tunic, long trousers, the whole defaced with broad arrows. The background is a high stone wall, for they were serving a sentence of hard labour in Portsmouth prison. Their offence was damaging a door by throwing lumps of mortar at it. The date of the photograph was 1899.

It is not a pleasant picture. But it serves as a grim reminder of how recently we accepted and applied the doctrine of retributive punishment, even in the case of erring children not yet old enough to leave the schoolroom. It is also worth remembering that it was not until ten years later—in 1909—that Parliament took away from the courts the power of committing boys and girls under the age of fourteen to the common gaol.

More than forty years have passed since that photograph was taken, and at a time when we have good reason to deplore so many mistakes we can at least take comfort that amongst those things in which we have made some progress is the treatment of the young offender. For the portrait of those two small boys provides a striking contrast with the injunction contained in what is, I think, unquestionably the most important Section of the Children and Young Persons Act, 1933—which Act, as some of you may remember, was heralded at the time as the "Children's Charter". The whole spirit of that Act, which should pervade the proceedings in every court in this country which has to do with children, is enshrined in Section 44:

*"Every court in dealing with a child or young person who is brought before it, either as being in need of care or protection or as an offender or otherwise, shall have regard to the welfare of the child or young person and shall in a proper case take steps for removing him from undesirable surroundings, and for securing that proper provision is made for his education and training."*

I can think of no more fitting text for any address upon the work of juvenile courts or upon the treatment of the wayward child.

The times have changed, and with them have changed our ideas on the treatment of the young

offender. Some people think they have changed too fast. Others think they have not changed fast enough. And certainly there can be few subjects upon which there is a greater divergence of opinion than as to what is the root cause of juvenile delinquency, which in wartime unfortunately—but not, I think, unnaturally—has increased: the neglect of the parents? the laziness of the school teachers? the sensationalism of the cinema? The lack of religious training? the weakness and sentimentality of the juvenile courts? It is just as well, I think that all of these things should be blamed, for in all of them there is room for improvement.

Moreover, this seeking after *cause* is surely all to the good, for it reflects the trend of public opinion, or perhaps I should say of public realization, that what in fact we have to deal with—the all-important thing—is not the conduct of the child, but the *cause* of it. No normal child is born a criminal. But so far as the normal child is concerned I think that to-day almost everyone would agree that his behaviour—nay, more, his character—depends almost entirely on his surroundings and upbringing.

What stronger proof of this could one want than the increase in juvenile delinquency since the war began. As you know, the papers recently have been full of letters and articles debating what we shall do about it. I myself have had my share of private correspondence from people who have written to me expressing their "horror at this hideous menace to our country" and a great many other things besides; letters in which I am asked to help to persuade the Government to raise the birching age; even letters inviting me to travel long distances in order to make a personal inspection of broken windows and denuded apple trees.

I am afraid that I have not answered all these letters because I am not disposed to panic. This increase in juvenile crime is serious—of course it is serious—but I think people who talk about it as a "hideous menace" and would have us raise the birching age talk a great deal of nonsense. This is no time to turn about and retrace our steps towards Portsmouth gaol. I regard the increase in juvenile delinquency as something which is unfortunate but only to be expected, for it is a by-product of war. Exactly the same thing happened

\* *An Address to the Magistrates of East Sussex, East Grinstead, November 19th, 1942.*



during the last war, and only the other day I was reading an extract from the report of a "Committee for Investigating the Causes for the Alarming Increase in Juvenile Delinquency in the Metropolis" which was set up in 1816 immediately after the Napoleonic wars.

How could it conceivably be otherwise? Just think of all the new factors during the present war which have combined to put temptation in children's way: absent fathers on active service; mothers working in munition factories; the disruption of families by evacuation; bombed homes; closed schools; the queer night life of the air raid shelter; the very atmosphere of war conditions which tends to develop in children the spirit of mischief which they all possess, and which is so closely related to that spirit of adventure which is the heritage of our race and for which at this time we have such good cause to be thankful.

Personally I believe the greatest single cause of juvenile delinquency is the disruption and breaking-up of family life. This is a recognition of the fact that the two things which a child needs above all are love and guidance. Both should come from the child's own parents. But I would emphasise that both love and guidance are needed; an excess of love without wise guidance on the part of a demonstrative, but foolish parent may be wholly destructive. I believe the background of a happy and united family is, above all things, the most priceless endowment of any boy or girl. It is surely no mere coincidence that the vast majority of the children who find their way into the juvenile court come from broken or unhappy homes!

I said "the majority". As regards the others, I am sufficiently old-fashioned to believe that there is still such a thing to be found, both in the juvenile court and outside it, as the ordinary common or garden naughty child; the child who comes from a perfectly good home, is in no sense unhappy, and whose offence more often than not is the result of some sudden temptation or excess of animal spirits. I am also sufficiently old-fashioned to believe that in such cases nothing is more appropriate, nor indeed more effective, than a little ordinary common or garden punishment—preferably at the hands of the child's own parents or school teacher.

Granted, but here is the difficulty. How can any court, without making full enquiry into all the circumstances of the child before it, make up its mind into which category he falls? Whether he is a perfectly normal child from a good home who has unexpectedly kicked over the traces; or whether he falls into that larger category where the offence is a symptom of conditions which must at all costs be remedied if there is to be any hope at all of his growing up a decent and useful citizen?

The answer is that *without making enquiry* it is impossible for the court to make any such distinction. That is why in every case (unless, of course, it is trivial—I am not discussing traffic offences or football in the street) it is necessary to make a thorough investigation into the child's background

and his home surroundings. Indeed, if I was asked to give advice to a magistrate newly appointed to the juvenile court panel I should begin by saying this: "Never in any case other than a trifling misdemeanour make up your mind or commit yourself to any decision as to treatment until you know all there is to know—not just about the offence, but about the offender. Your duty, laid down for you by Parliament, is to have regard to the child's welfare. How can you conceivably do this without knowing anything about him?"

In Section 35 of the Act of 1933 there is an important proviso which lays down that in any division the justices may direct that the investigation shall be made by their probation officer. I believe this point to be of the greatest possible importance, that in every division the justices should take advantage of this proviso, which also provides a summary of the questions to be investigated—"the child's home surroundings, school record, health and character". During the period of a remand, or in certain circumstances before the child appears in court at all, the probation officer prepares a report covering all these points, thus providing a pen-picture of the child's background. This report is presented to the magistrates after, *never before*, the child's guilt has been established. And only when they have read the report and digested its contents are the magistrates qualified to prescribe treatment, including of course punishment, for punishment is often an effective method of treatment.

In a case where the child's surroundings are perfectly normal, the magistrates may decide to dismiss the charge—perhaps imposing a small fine or, better still, ordering the offender to make restitution. In another, where the home control is weak, the magistrates may decide to re-enforce the parents' supervision by placing the child on probation. In a third case, they may think it well to move an ill-disciplined child into lodgings or a hostel. In a fourth, to commit him to an approved school. . . .

Then you meet the fifth case; the case where, despite all the pains your probation officer has taken, you are conscious that you have not yet got to the bottom of the trouble. Perhaps the offence is peculiar or obviously attributable to some sexual motive. Or perhaps the child behaves strangely in court and appears to have what the average layman calls a "kink". Or he is so dull that one is led to wonder whether he is mentally defective. Or he is unhappy and antagonistic in what appears outwardly to be a happy and united home.

What then? It is then that the wise and experienced magistrate remembers that up till now, thorough as the enquiries may have been, they have been concerned only with the external factors; the child's family, his home, his friends, his work and play. Besides these there are a whole set of conditions which may be described as internal and which, often more powerfully than the external



factors, govern the child's behaviour. These are the conditions of physique, of intellect, of temperament and of the emotions. They can be gauged neither by the school teacher nor by the probation officer. There is only one person qualified to assess them and that is the trained medical-psychologist, working in the child guidance clinic.

"Child guidance clinic"—it is a simple and descriptive title when you come to think of it and in pleasing contrast with some of the long words with which these psychologists tend to scare away ordinary people like you and me. Yet I honestly believe that the greater part of psychotherapy is merely applied common sense; but common sense in the hands of an expert at applying it.

Of course there are people who talk a great deal of nonsense about psychology. I mean the cranks who would divide us all into psychopathic groups with weird and wonderful names. These are the people who would have us believe that all criminals have kinks, that punishment is out of date, and that psychotherapy is a magic cure-all. I hold no brief for that school of thought. At the other extreme is the choleric old gentleman who condemns the whole of psychology as new-fangled humbug. From the depths of a club armchair he tells us all this pampering of naughty children makes him angry. When he was a boy he was often naughty like most other boys. And when that happened he was soundly beaten, over and over and over again—as he richly deserved. Moreover, it did him a great deal of good. That's the way he was brought up—none of this psychology nonsense. . . . And having delivered himself of this he leans back in his chair, presumably to give us an opportunity of admiring the glorious result. I hold no brief for him either.

But between these two extremes of thought there is a half-way house. And those of us who have personal experience of these things have learnt that a child guidance clinic is neither a temple of mysticism nor a den of black-magic. Nor is it a place where children are hypnotised or mesmerised or subjected to any other preternatural process. We have also learnt that the medical-psychologist (or, to use a more modern word, psychiatrist) is in no sense a crank. On the contrary, that he is a fully qualified doctor, who was trained just like all other doctors and later specialized in the study of the mind in much the same way as other doctors specialize in the study of the stomach.

The full team of a properly staffed child guidance clinic comprises at least three persons. First there is the psychiatrist (or medical psychologist) whom I have described. Then there is the educational psychologist, not necessarily a doctor but a university graduate with an honours degree in psychology and at least two years' teaching experience, who has then undergone a special training in a child guidance clinic. The educational psychologist is concerned with testing the child's mental ability, with certain forms of remedial education, and with vocational guidance. Thirdly, there is the psychiatric social worker, a woman who has been specially trained and whose

work lies mainly with the family and the school. She is responsible for making enquiries from the sociological standpoint.

There are three ways in which a child guidance clinic can help the court. First, it can diagnose the mental condition of the child and tell the court in clear and non-technical language how this condition is related to his delinquency. Secondly, it can recommend treatment on purely sociological lines—a change of school, special coaching, a different kind of job, removal from home to foster-parents or to an institution. Thirdly, in suitable cases, it can provide psychotherapeutic treatment for the problems of children and young persons. Every child is different from other children. Every problem differs from the last. Therefore there can be no handing out of ready-made cures for lying or stealing or stammering or dirty habits—whatever may be the trouble. Every child is studied as an individual reacting to his own peculiar environment; which being so, not only the child must be considered but also his history and his background. And of course the most important feature of his background is his relationship to his own family.

Poor health results in poor control of a child's impulses, and we all of us are familiar with the peevishness and ill-temper which children—and adults, too, for that matter—often exhibit when they are out of sorts. The psychiatrist will also pay special attention to any physical defect or deformity, for in children these are matters to which conduct is sometimes closely related. A stammer or a squint which results in a child being teased at school; a lameness which prevents a boy taking part in games; a facial disfigurement in a girl: all these things may have grave repercussions on a child's behaviour, yet they are matters which the child will rarely care to discuss—even in the family circle.

So much for physical conditions in relation to behaviour. An important part of every psychiatric examination is the measuring of the child's intelligence. This is a task usually assigned to the educational psychologist and is achieved by a series of verbal and performance tests designed to gauge the level of intelligence without regard to the standard of the child's educational attainment—which is something quite different.

One of the first things we are told in any report from a psychologist is the child's "intelligence quotient", or "I.Q." This is sometimes expressed, not as a percentage, but as "mental age". Thus the psychologist may tell us that although the child before us was born fifteen years ago, his intelligence is no greater than that of an average child of, say, twelve. In finding the right treatment this is a very important thing for the court to know.

Sometimes of course the child who appears to be slow-witted is in fact not lacking in intelligence at all. His backwardness is due rather to educational retardation and his delinquency is often directly the result of his failure at school in some specific subject. Take reading for example. Sometimes a



child of normal intelligence and of average aptitude in all other subjects simply cannot learn to read. I have known many such children. His failure is due perhaps to some mental hitch which needs unravelling. But the result is a positive loathing of books, arising no doubt from the fact that whenever he attempts to read aloud in class he is laughed at. His loathing of books leads not unnaturally to a hatred of school. And this leads to constant truancy. The final result is that the child, undisciplined, untaught, and with time on his hands, gets into trouble. And so he is brought before the juvenile court. In wartime especially, due to the partial breakdown of the educational system in certain areas, such cases are common.

The remedy is not the birch. Once you know the facts surely it is only common sense to try to teach the child to read. If you succeed you will cure his dislike for school and with that his tendency to play truant. And by so doing the chances are that you will also cure his delinquency. But who is to teach the child to read? His school teacher won't—he has already failed and the child regards him as an enemy. Someone must be found—someone with insight and understanding—who will gently lead him to an interest in books and will help him conquer an aversion which has become deep-rooted. And that is one of the special jobs for which the educational psychologist in a child guidance clinic is trained.

I have emphasized how material to a child's behaviour are his physical condition and intelligence. The psychiatrist will also have regard to a third condition which is just as important—if not more important—than the first two. That is the child's emotional make-up or "temperament". Temperament has been defined as the sum total of all those personal qualities of mind which neither constitute nor are pervaded by the intelligence. Here again in the child guidance clinic the psychiatrist employs special methods of assessment. He realizes, for example, that many so-called "problem" children are children who for one reason or another are experiencing emotional difficulties which manifest themselves in an imagined sense of insecurity; an insecurity of which the child's parents, his school teacher, the magistrates in the juvenile court, may be entirely unaware. I should say that this condition is particularly prevalent amongst evacuated children, haunted as many of them are by the secret—and sometimes I am afraid not unfounded—fear that their parents no longer love them and do not want them back.

This sense of insecurity, this urgent need for notice or affection, may occur in children whose homes, to you or me or to our most experienced probation officers, appear beyond reproach. Nothing shows on the surface. All that is apparent to the untrained eye is that Tom, who was always such a good little boy, has suddenly and for no accountable reason become a persistent little thief. No one knows quite when the change took place and it occurs to no one to connect it with the birth of a

baby brother a year ago, or with some other family event which has implanted in Tom's head—probably quite wrongly—that he is unwanted and unloved.

Constant punishment has no effect, for the sense of injury has not been treated. It is there festering all the time with deplorable consequences upon the child's behaviour. Tom's stealing is not by way of conscious revenge. On the contrary the motive is probably quite unconscious, for his offences are against all and sundry. He may not be wanted but he *will* be noticed: better be prominent as a thief than not prominent at all.

Please do not misunderstand me. I am not suggesting that every case of childish naughtiness is due to some deep-rooted cause of this kind. I have already declared that for the ordinary naughty child I believe nothing to be more salutary than a little ordinary punishment. But, believe me, there are quite a number of Toms, and it's important to look out for them. So when all ordinary methods fail, whether you are a parent, or a school teacher, or—like myself—a magistrate, remember that you have a child guidance clinic at hand. Don't be put off by those who say that to send a child to a clinic will be to increase his self-importance and make matters worse. On the contrary, having regard to his difficulties, a little individual attention may be the best way of helping him to adjust. Moreover, a similar objection might be made in the case of many children who are required to attend an orthopaedic clinic or any other place where individual treatment is given; and yet the advantages are known to outweigh the disadvantages. So send him to the clinic for a report.

What happens there? A quiet talk between Tom and the doctor provides a clue. The parents are sent for. Indeed in every case where it is practicable they are encouraged to attend the clinic as well. They confirm, now they come to think of it, that it was about the time baby was born that the trouble with Tom began. In the friendly atmosphere of the consulting room, and to a sympathetic person who is evidently not out to attach blame, all sorts of things emerge; things which an anxious mother doesn't mind confiding to this understanding doctor, but which wild horses would not induce her to admit to the village schoolmistress whom she will meet again at the school prizegiving!

The parents are given advice: to adopt a different attitude with Tom; not to harp on his past misdeeds; to be more lavish in their display of affection; perhaps to entrust him with certain duties concerning the care of the baby. And Tom himself, after a few visits to the clinic for a heart to heart talk with his new friend—who has *such* funny puzzles in her room—is at length led to accept as trivial the happening which once loomed so large. Eventually, as the result, he becomes once more a normal, happy and well-behaved small boy. Such is psychiatric treatment, despite its unpronounceable name. And one is left wondering whether a child guidance clinic might not be more aptly named "a clinic for the wise guidance of parents".



# The Modern Mental Hospital

How the Mental Nurse can play a part in Educating Public Opinion

By J. H. GIDDINS, Staff Nurse, Whittingham County Mental Hospital, Lancs

Winner of the "Lord" Memorial Essay Prize, 1941

What is it like in a Mental Hospital? Most Mental Nurses have had this question put to them at one time or another.

This query is often accompanied by a scrutiny as though one were a creature from another world. A further barrage of questions usually follows, and, in a very short time, one realizes how utterly wrong is the conception of the general public in regard to the modern Mental Hospital. Then is the time to realize also that a golden opportunity has been presented for the pleasant disillusionment of a "citizen in error".

To be really effective in this task, it is well worth the trouble of giving a brief, but clear, description of the antiquated and bygone system in which the impressions of so many people have their origin. To the majority of people, a Mental Hospital is a closed book, and just as a closed book with nothing but the title visible leaves much to the imagination, so the name Mental Hospital, or "Asylum"—as it is still termed by many—has a stimulating effect on the imagination of thousands of people.

Unfortunately little or no actual knowledge of the inside of these institutions accompanies the imagination, and the result is too often decidedly uncomplimentary. Visions are conjured up of dark and uncanny strong rooms, or of dim and depressing corridors, inhabited by "story book madmen". An alternative impression is one of a community of genial idiots, who use wheelbarrows the wrong side up, or perform similar ridiculous antics. Yet another erroneous idea, held by many, is that once a patient is admitted to a Mental Hospital, he is permanently lost to the outside world, to news and affairs outside the institute, even lost to his relations and friends. In short, the impression has been created that a Mental Hospital is little more than a prison, to which are taken—and kept—persons who are "not fit" to be left at large. This impression has not been born in the past few months or the past few years; its origin is far back in what were known as "the good old days", when sanitation was primitive or completely absent, and when children, little more than babies, worked from dawn to dusk in unhealthy factories and workshops, without the protection of public health services, child welfare inspectors, or even an adequate governmental law to safeguard them.

In keeping with the regrettable system of that area, persons who were mentally sick were catalogued under the general heading of "Lunatics", and as such were removed to a "Lunatic Asylum"—a

very different institution from the Mental Hospital of to-day. In many cases the unfortunate sufferer was incarcerated for the good of society at large, whilst his own interests—such as treatment to bring about recovery, or the protection of his outside interests and affairs, were a very minor consideration. Added to this injustice was the unwarranted stigma which was allowed to be woven about both the afflicted and his relations, until the "inmates"—they could hardly be termed patients—came to be looked upon as some strange type of criminal. This insult naturally reflected upon their relatives, causing incalculable misery. Such was the atmosphere and environment in which was born the present-day conception of many people, in regard to the Mental Hospital, and though time has pruned this "poisonous tree of false knowledge" its roots still cling to the soil in which it was planted.

The modern mental nurse, realizing all this, can, and should, take advantage of every opportunity to break down this unsavoury and misleading traditional barrier; and being in daily contact with the patients undergoing treatment, and knowing intimately the routine, the just discipline, social activities and the general conditions within the modern Mental Hospital, the task is by no means difficult and opportunities are many.

Therefore, when the question is put to them—"what is it like in a Mental Hospital?" the query should not be evaded—as it so often is—giving the uninitiated the impression that it must be either decidedly unpleasant, or that there is something to conceal. Any sign of concealment will immediately give rise to suspicion. In the modern Mental Hospital there is nothing which need be hidden from the public, and the only points upon which silence must be strict and absolute, are in regard to names and personalities.

Tell your interrogator of the Mental Hospital as you know it to be, frankly and truthfully. Describe to him the recreation rooms, their spaciousness and modern ventilation, central heating and general air of comfort. Tell of the ample amusements provided for the patients—wireless, billiards, chessmen, chequers and cards,—and of the help and encouragement given to any patient who has the desire for a hobby.

Explain to them the meaning of Occupational Therapy—its value in re-establishing confidence and self-respect in patients who, through the stress and worry of life, have come to look upon themselves as useless and unwanted. Talk of the work which physically fit patients are encouraged to do, and of the rewards and privileges which can be earned by



them. Give them an insight, as to the understanding and unobtrusive observation which is kept over all these activities, and of the team spirit which exists between Medical Officers, nurses and patients. Describe the dormitories, with their polished floors and spotless bed linen; the airing courts with their lawns and flower beds; the sick rooms with their air of restful quietness, where the less fortunate are nursed with sympathy and patience.

Side rooms are well worth mentioning, as many people have a very distorted and unpleasant idea as to their uses. Stress the fact that these rooms are not cells of punishment, but rooms wherein a tormented and excited brain can find the peace and solitude for which it craves. Explain the strict rules relating to the use of side rooms, whereby any risk of abuse in their employment is entirely eliminated.

Tell also of the way in which patients are encouraged to keep in touch with relatives and friends, and how, when a patient feels forgotten through absence of visitors or correspondence, the Medical Officer will get in touch with the relatives concerned and tactfully remind them of their duty. A few words in regard to the visiting of patients do not go amiss. Describe the friendly manner in which visitors are received by the staff, and the pleasant visiting rooms where the patient and his visitors can sit and talk over their most intimate, private and family affairs secure in the knowledge that anything which may be overheard by the nurse on visiting room duty will be treated in as strict a confidence as though it had never been mentioned.

Erase the impression that mental sickness carries with it a stigma, as it did in the old days, and point out that illness of the brain, like any bodily complaint, comes uninvited and unwanted. Above all, make it absolutely clear that the aim of the Mental Hospital is not to detain patients for the good of society at large, but to effect a cure wherever possible and to return the patient back to his people and his normal life.

Explain how all the methods of modern medicine and medical science are employed to this end, and tell them of the pleasure you and your fellow nurses share when a patient on discharge comes to thank you for your kindness and help during his illness. If any doubt appears to remain in regard to the treatment of patients, describe briefly the system whereby every patient is sure of justice, in every way, commencing with the regular attendance of the Medical Officer and so on to the visiting guardians, and the clergy of all denominations, to the annual visit of the Crown Commissioners.

By now you will have enlightened your companion considerably concerning mental hospitals, and when one person is enlightened, many are—for information spreads indefinitely.

Finally, enquire if he would care to go through the hospital and there see for himself the hospital as you have described it to him. A nurse can obtain permission for this, particularly when he

explains the reason for his request. Another way in which the nurse can greatly assist in breaking down some of the common illusions regarding mental hospitals, is by inviting their friends and relatives to the sports, pantomimes and similar social functions, to which the public are admitted. Here they will see the patients at recreation, and the keenness and zest for the games, coupled with the standard of physical fitness which they can see for themselves, will assuredly score many points for the conditions within the modern mental hospital. Let them see the good fellowship and the clean competitive spirit at an inter-ward cricket or football match. It is at such functions as these that the public will learn that the majority of mental patients are likeable people with personalities of their own, and not just a community of simpletons or raving madmen.

A visit to a Christmas pantomime will in itself prove that one great trait of the patients is loyalty. This shows itself unmistakably in the enthusiastic applause given to the patients' own particular nurses, and it is given quite regardless of the standard of talent which the performers happen to display.

Tell them also of the manner in which religious worship receives its full share of consideration in the mental hospital to-day, of the facilities granted for this, free from all bigotry or creed prejudice, and of the way in which patients are encouraged to continue in their own form of worship, during their sojourn in the hospital; and so, piece by piece, the old conception of the mental hospital, and the conditions within, are destroyed, and in their place is born the true knowledge that they are hospitals indeed, as necessary and worthy of respect as any general hospital or infirmary.

Here in these institutions is nursed the saddest of all human ailments—mental illness—treated and nursed with a sympathy and understanding, which the patients could not hope to find in the outside world. Here certain abnormalities of behaviour are naturally expected, and are consequently never made the occasions for mockery or insult. The sole aim of the hospital staff is to bring about recovery wherever humanly possible and to eliminate suffering in all cases.

The voluntary system, whereby a person who feels he can no longer stand the mental stress of life can of his own free will enter the hospital, proves beyond a doubt that apart from the medical treatment to be had, there is also sanctuary and comfort, and protection from an outside world which cannot understand the doubts and fears of the mentally afflicted. The quiet regular routine, together with an abundance of rest and fresh air, good food and regular exercise, all of which are to be found in the modern mental hospital, are in many cases the key to complete recovery.

In conclusion, a nurse should always keep in mind that his own personal conduct and behaviour goes far in creating an impression, favourable or otherwise, to the layman. The nurse, therefore,



cannot be too careful about his personal appearance. Cleanliness and tidiness are essential and this rule is by no means exclusive to duty hours. Temperance and kindness are also essential qualities. It is only natural that a nurse who is untidy, boorish, or intemperate, will, in addition to creating a bad impression of himself, create also a decidedly bad impression of his hospital, and the conditions

therein. Every nurse should, no matter what rank he may hold, look upon himself as an unofficial representative of the modern mental hospital, and carry himself accordingly.

If this duty alone is carried out, much good will have been accomplished in the cause of mental hospitals and the first dent will have been made in the armour of the false impressionist.

## News and Notes

### Courses for Medical Officers

*Week-end Course.* During the week-end of March 13th, a Conference on Problems connected with Retarded and Difficult Children was arranged by the C.A.M.W. for School Medical Officers working in London and the Home Counties.

Lectures were given by Dr. Frank Bodman (Deputy Director of the Bristol Child Guidance Clinic), Miss L. G. Fildes (Administrative Officer of the Child Guidance Training Unit, Oxford), and Miss Ruth Thomas (Educational Psychologist, C.A.M.W.), and there was, in addition, a Case Conference by Members of the Bristol Child Guidance Clinic team.

The students testified enthusiastically to the help they had received from the Course and asked whether it would be possible to follow it up by holding discussion groups from time to time—a question which has been referred for consideration by the appropriate Committee of the Provisional National Council for Mental Health.

*Course on Mental Deficiency.* The 24th annual course on Mental Deficiency, arranged in co-operation with the University of London Extension and Tutorial Classes Council, was held at the London School of Hygiene from May 10th to 21st.

Fifty-eight medical officers from all parts of the country attended, and in addition to lectures, instruction was given in mental testing under the direction of Miss L. G. Fildes, made possible, as in former years, through the facilities generously provided by the Acton and Willesden Education Authorities.

The Provisional Council has now taken over responsibility for this as for other courses previously run by the C.A.M.W.

### Courses for Teachers and Work of Educational Psychologists

*London.* During the week-end of February 6th, a Refresher Course was held in London for teachers who had previously attended one of the Ten Weeks' Courses which before the war were organized annually by the Central Association for Mental Welfare, or one or more of the Short Courses organized by the Association for the Board of Education.

The subject under discussion was, "How and Why Children Differ from One Another" and the lectures were given by the C.A.M.W.'s Educational Psychologists (Miss Ruth Thomas and Miss Norah Gibbs) and by Dr. Alan Maberly, Medical Director of the Child Guidance Clinic.

The 37 teachers who attended were enthusiastic about the help received, and the fact that they came from all

parts of the country bore testimony to their eagerness for courses of the kind and to the need they felt for conferring together.

*Cambridgeshire.* A series of lectures on Methods of Teaching Backward Children is being given in eight centres during the present term by a C.A.M.W. Educational Psychologist, to teachers employed by the Cambridgeshire Education Authority, with special reference to the needs of rural teachers. This is one of the activities taken over from the C.A.M.W. for which the Provisional National Council for Mental Health will be responsible.

*Hertfordshire.* An Educational Psychologist (Miss Gibbs) was recently loaned to the Hertfordshire Education Authority for a month's service in the schools to investigate and advise upon the problem of backwardness.

*Shropshire.* During the winter term, 1943, one of the C.A.M.W.'s Educational Psychologists (Miss Gibbs), carried out an interesting piece of work arising out of some preliminary experimental activities in the county in the previous summer. In two periods of a fortnight each, individual visits were paid to selected schools to advise on the teaching of backward children and the treatment of individual differences in learning and behaviour. Altogether 25 schools were visited, including a number of village schools, many helpful discussions about their problems and difficulties were held with teachers, and recommendations were made to the Education Authority as to the possibilities of a constructive "follow-up" of work which had abundantly demonstrated its need and value.

As a result of this experiment, the Authority has decided to appoint at a later date a permanent psychologist on its staff, an appointment which has been accepted by Miss Gibbs.

*Wallasey.* A three months' psychological survey was made, at the request of the Wallasey Education Authority during the winter term, 1943, by a C.A.M.W. Educational Psychologist (Miss Proctor), for the purpose of investigating the need for a School Psychological Service with special reference to the problems of backwardness and behaviour difficulties.

It is satisfactory to be able to record that the result of the survey was the appointment of Miss Proctor as permanent Psychologist on the Education Authority's staff.

*West Ham.* A month's preliminary enquiry is being carried on in this area by an Educational Psychologist (Miss Sampson) loaned to the Education Authority who are anxious to provide evidence as to the need for the establishment of a Child Guidance Clinic.



**Wiltshire.** Regular weekly attendances at even short lecture courses are difficult in rural areas. At the invitation of the Wiltshire Education Authority, therefore, a one-day "School" was held at Trowbridge in January, and a Residential Week-end Course near Melksham in April.

On both occasions, the subject was the Education of Backward Children and an attempt was made to show that backwardness is a problem for children as well as for teachers. In January, Miss Gibbs gave two lectures on "The Causes of Backwardness" and on "How and Why Children Learn to Read," and Miss Howarth (Regional Representative of the Provisional National Council for Mental Health) lectured on "The Backward Child at Home". In April, to these three lectures were added two by Dr. Bodman on "The Problem of Discipline and Obedience" and "The Needs of the Young Adolescent", and Miss Gibbs gave a final talk on "The Backward Child in the Ordinary Class".

These lectures were enthusiastically received and it was interesting and encouraging to note that the teacher's interest in children's general development was even deeper than their concern with teaching techniques.

All the Educational Psychologists on the staff of the C.A.M.W. are now seconded to the Provisional National Council for Mental Health and are responsible to its Training and Education Committee.

#### Loan Service to War Nurseries

The demand for Nursery Advisers under the Loan Service scheme instituted by the Mental Health Emergency Committee and now transferred to the Provisional National Council through the Joint Committee on Loan Service to Nurseries, is steady and unabating. During the period December 1942 to March 1943, short term loans were made to 12 Authorities covering 26 Nurseries in London and the Home Counties, and loans of 3 months or longer were made to Authorities in Gloucestershire and in the North-Eastern counties, whilst in Lancashire a number of Nurseries are being visited by a loan worker attached temporarily to the Council's Regional Representative.

In addition, a number of lectures on Child Development, and Demonstrations on the use of Play Equipment have been given to Nursery workers, professional and voluntary.

The value of salvage material in this connection, is being ingeniously and divertingly demonstrated by the Committee's staff, but it is difficult for them to have always on hand a supply large enough to meet the demand, and the help of readers of this journal will be gratefully received. The following list gives some idea of the type of material required:

Cotton reels. Corks. Stoppers and lids from glass or plastic jars, tins, etc. Tins of all descriptions (preferably with turned edges). Curtain rings. Cosmetic and shaving cream jars. Meat skewers (wood or metal). Cigar and cigarette boxes. Books of sample wallpapers, materials, etc. Christmas cards, illustrated magazines and catalogues. "Scrap" pictures. Discarded umbrellas. Artificial flowers, scarves, oddments for dressing up. Jewellery oddments, beads, Christmas cracker toys, etc. Old handbags.

Parcels should be addressed to the Provisional National Council, 24 Buckingham Palace Road, London, S.W.1, and clearly marked "Loan Service to Nurseries".

#### Mental Health Education in Rural Areas

A report of the Rural Mental Health Education Committee, on the scheme carried out by means of an award of £250 made by the Central Council for Health Education to the three bodies now constituting the National Provisional Council for Mental Health, shows that in 1942, a total of 72 lectures on "Understanding Ourselves and our Children" was given in the counties of Berkshire, Buckinghamshire, Devon, Gloucestershire, Hampshire, Oxfordshire and Yorkshire. The audiences largely consisted of members of Women's Institutes, Women's Co-operative Guilds, Child Welfare Centres, etc., and in the majority of areas, the whole series of four lectures was requested and received with great appreciation.

In order to enable the Committee to meet further requests for the lectures, the Central Council generously made a supplementary award of £100 to cover an extended period.

It is hoped that lectures on similar lines may also be given to audiences in urban areas, although for these it will be necessary to ask a small fee, as no funds are available.

#### A New Type of Youth Leaders' Course

This Course, held at Fishponds Training College, Bristol, from April 10th to 13th, was arranged by the Youth Committee of the Provisional National Council for Mental Health, under the auspices of the Bristol Youth Committee.

It was in many respects an experimental venture, aiming at giving to Youth Leaders not direct help in the running of Clubs, but some insight into the general psychological needs and problems of adolescents and their leaders. The work involved in the whole scheme might be considered as falling into three parts—(a) preliminary interviews, (b) the Course and (c) the subsequent "follow-up".

Mrs. Zena Roth (Youth Organizer of the Provisional National Council) visited Bristol Clubs, in preparation for the Course, and interviewed some 30 Club Leaders. The Course itself, under the general direction of Miss Gibbs (Educational Psychologist), consisted of lectures and discussions on psychological development given by Dr. Bodman, Miss Howarth (Regional Representative of the Provisional Council), and Miss Gibbs. This "background knowledge" was followed by talks and discussions led by persons who saw Youth in settings other than Clubs. Thus in a session, "Youth at Home," a mother gave her view of her growing family, a psychiatric social worker spoke on family relationships, and a housing estate manager on the life of Youth as observed by her on a large estate. In the "Youth at Work" session, the speakers were a foreman member of the A.E.U., two personnel managers, and a member of the Bristol branch of the Ministry of Labour.

Throughout the Course, discussion was lively and to the point, and the members seemed anxious and able to consider the essential question: "What are the Needs of Adolescents?"

A "follow-up" which has been arranged as an essential part of the scheme, will consist of visits, after three months, to Clubs whose Leaders attended the Course and a general meeting of all concerned for discussion upon it. This "follow-up" is in no sense scientific, but it should indicate (a) what kind of help was received by the students and (b) what further problems and possibilities were suggested to them by the Course.



### Homes and Agricultural Hostels

Responsibility for the Hostels—together with the C.A.M.W.'s Emergency Homes for low-grade defectives and for its Residential Nursery at Pewsey (carried on for the Ministry of Health, in co-operation with the Waifs and Strays' Society to meet the needs of children who have proved too "difficult" to be dealt with in ordinary Nurseries), now passes to the Homes and Hostels Committee of the Provisional National Council for Mental Health, with the reservation that the C.A.M.W. continues to have sole financial control.

The Committee has agreed to open a fifth Hostel for men on Licence from Certified Institutions, at the request of the Hampshire War Agricultural Executive Committee who hope to acquire suitable premises near Winchester. This will be the second Hostel in the County. There is also a prospect of an additional Hostel in Shropshire, and all the Agricultural Executive Committees concerned continue to express appreciation of the value of the work done by this group of workers.

### "New World" Hostel for Difficult Boys

This Hostel—made possible by means of a gift from the English Speaking Union through the kindness of a Canadian citizen, Mrs. Sholto Smith—was opened in January 1943 for eleven boys between the ages of 5 and 11 in need of prolonged psychiatric treatment.

Despite difficulties of staffing, common to all residential homes at the present time, a successful beginning has been made and the boys now in the Hostel have settled down happily and are responding to treatment. Two exceptionally difficult children sent on trial only proved to be unable to adapt to the informal régime and for their problems other solutions have had to be found.

The Hostel has been approved by the Board of Education for the reception of children under Section 80(I) of the Education Act, 1921, and the majority of cases are maintained by Local Education Authorities. It has been visited by Inspectors both of the Board and of the Home Office.

The children are referred for various specific difficulties, the most frequent being persistent enuresis and soiling, and violent temper tantrums. Each child receives treatment twice a week at Guy's Hospital Child Guidance Clinic, and all the children attend the local Elementary School from whose staff, helpful and willing co-operation is received.

It has been difficult to procure for the Hostel an adequate supply of play equipment, and gifts of toys, games and books suitable for boys between the ages of 7 and 11, would be gratefully received by the Warden, New World Hostel, 66 Ashburton Road, Croydon.

### Child Guidance Clinics

1942 has been a peak year for the establishment of Clinic services and 14 new Clinics have been opened. There are now full services for the counties of Somerset and Berkshire, and in north Surrey, at Aylesbury, East Grinstead, Harrow, High Wycombe and Preston, and at the Mayday Hospital, Croydon. Partial services are newly in operation at Chesterfield, Norwich and at the Warneford Hospital, Leamington Spa.

The Clinics at Great Ormond Street Hospital and at the London Hospital re-opened during the year and have helped to relieve the pressure on the other London Clinics.

The development of the County Clinic is being watched with very great interest and enquiries as to the method of setting up this type of service are being received by the Child Guidance Council from all parts of England.

The Berkshire Clinic which was established in conjunction with the Mental Hospitals Committee of the county, issued a report of its first six months' work, copies of which may be obtained from the Council.

### Fellowships in Psychiatry

Three Fellows awarded Fellowships in Psychiatry by the Child Guidance Council began training this year: Dr. Louise Devlin at the Child Guidance Training Centre, Dr. Helen Gillespie at the Maudsley Hospital Clinic, and Dr. Elizabeth Whatley at the Tavistock Clinic. Further Fellowships have been awarded to Dr. Elizabeth Huband and to Dr. K. Mellett, and an advertisement for yet one more vacancy will appear within the next few months.

### Child Guidance Council

The activities of the Child Guidance Council—in common with those of the other two constituent bodies—have been transferred to the Provisional National Council for Mental Health. They will be carried on by the Child Guidance Committee and by the Inter-Clinic Committee which, in spite of the absence of many of the leading Child Psychiatrists, it has been possible to re-constitute.

### Adoption of Children (Regulation) Act, 1939

This Act comes into force on June 1st, 1943. In this connection the National Council for Maternity and Child Welfare in conjunction with the National Council for the Unmarried Mother and her Child has set up a Special Committee to keep a watching brief on its working. Miss R. S. Addis has been appointed to represent Mental Health interests on the Committee.

### Training for Psychiatric Social Work

Sixteen students qualified for the certificate of the Mental Health Course in July 1942. All those who were available for employment were immediately appointed, but twice this number were needed for advertised vacancies. It is, perhaps, a good sign that a larger proportion of last year's students have gone into Child Guidance Clinic or Mental Hospital appointments which are likely to become permanent, and that those who have entered emergency services are mostly working in areas where they have clinical services available, or where they are acting as assistants to more experienced psychiatric social workers.

Twenty-five students started their training in September 1942. Thanks partly to a generous increase in the Commonwealth Fund scholarships, this group represents the largest number of British students which has ever been admitted in one year, and should in the summer of 1943 provide to some extent for the growing demand.

The London School of Economics has announced the award of Commonwealth Fund scholarships for the Session 1943-44. These scholarships are of varied amount up to £200, and are granted according to individual need. There has also been established a Loan Fund from which students may borrow without interest, making retrospective payment for a proportion of the costs of the training during the first three years of their employment. Candidates must be aged at least twenty-two, but preference will be given to those who are between the ages of twenty-four and thirty-five. They must hold a Social Science Certificate, a degree or other educational qualifications appropriate to social work. Practical training in case work is essential, and it is better



for most candidates to take the training after a period of responsible experience as social workers.

All enquiries should be addressed to The Acting Secretary and Registrar, The London School of Economics, The Hostel, Peterhouse, Cambridge. Letters should be clearly marked "Mental Health Course".

#### National Council for Mental Hygiene

**H.R.H. The Duchess of Kent.** The National Council for Mental Hygiene has great pleasure in announcing that H.R.H. The Duchess of Kent has graciously consented to become its President in succession to the late Duke of Kent. Members will be happy to know that by this valued association, Her Royal Highness will continue the late Duke's tradition of keen interest in the work of the Council and support of its ideals.

**"Lord" Memorial Essay Prize Competition.** The prize of £3 3s. and a medal for the 1942 essay has been awarded to Staff Nurse Tom Catherall, of County Mental Hospital, Chester, who is now serving with H.M. Forces.

This annual competition, which is administered by the National Council for Mental Hygiene, is open to certificated mental nurses, of the rank of staff, charge or chief charge, employed in Mental Hospitals. The subject of the essay set for last year was "Which reform in Mental Nursing would you put first in Post-War Reconstruction, and why?" Thirty-two candidates entered for the competition. The Selection Committee reports that the essays received were of a high standard, and that the candidates were agreed on certain measures which would improve the life of both patients and staff, including additional facilities for occupational therapy, and the introduction of more nurses with general training.

The winning essay will appear in the next issue of **MENTAL HEALTH**, and arrangements have been made for the *Nursing Mirror* to publish later a précis of the various entries.

On page 8 of the current number will be found an essay by Staff Nurse J. H. Giddins, who was awarded the prize under this competition for 1941.

**Friends' International Centre.** The National Council for Mental Hygiene has arranged a series of six lectures on post-war mental health problems at the Friends' International Centre, London, W.C.1, which started on May 19th, and will continue fortnightly on Wednesdays at 7.30 p.m., ending on July 28th. The lectures are for allied nationals, social workers and others interested in Mental Health, and include discussion on the psychological effects of malnutrition and of a lowered standard of living, the effects of living under a Nazi-type régime, and the contribution of Youth to post-war reconstruction.

The speakers are Dr. Alexander Baldie, Dr. Helen Boyle, Dr. William Brown, Dr. Crichton-Miller, Dr. Lois Munro and Dr. Odum, and the meetings are being presided over by Mr. Christopher B. Taylor, Chairman of the Friends' War Relief Service.

#### Workshop for Epileptics

Ever since the C.A.M.W.'s work for epileptics living in the community began, it has been apparent that one of their most urgent needs could only be met by the provision of employment under specially suitable conditions, but only recently has it been possible to come to grips with this particular problem.

Through the generosity of the Committees of Chalfont and Lingfield Colonies and of individual donors, a sum of £240 is now available for the experiment and search for suitable premises in a convenient neighbourhood is being actively carried on.

#### Marriage of Defectives

A Circular (No. 927), issued by the Board of Control in February, draws attention to the increasing number of defectives subject to Orders under the Mental Deficiency Acts who have recently married, or who are about to marry, and outlines—for the benefit of Local Authorities—the policy which the Board considers they should adopt in dealing with the problem.

Whilst agreeing, in principle, that mental defectives are generally unfit for the responsibility of marriage and parenthood and urging that care should be taken in selecting patients to be sent out on Licence from Institutions to ensure that their surroundings are suitable and that adequate supervision is provided, the Board nevertheless take the view that:

*where a patient who has been regarded as sufficiently stabilized for community care is found to be married, the presumption is in favour of discharge, provided always that there is ground for holding that the couple will be able to maintain and look after a home.*

And that:

*the recall of a patient to, or detention in, a certified institution after marriage, is never justified, on the grounds of marriage alone.*

It is considered that such recall, except in really urgent cases and after the fullest possible investigation, will be likely to bring the Mental Deficiency Acts into bad repute with the general public and to put a serious barrier in the way of developing mental health work in the area concerned.

Fear has been expressed in some quarters that the Circular may have disastrous effects in that its recommendations may lead to the further propagation of mentally defective children, who—in the post-war period—will swell the ranks of the unemployables. On the whole, however, the policy advocated by the Board would seem to be a reasonable and practical one, always provided that emphasis is laid on the necessity for providing full and adequate information as to the home conditions of the defectives concerned, and that Local Authorities can be assured that such reports will be given due consideration by the Board. On this proviso, stress has been laid by the appropriate Committee of the Provisional National Council for Mental Health whose resolution on the matter has been firmly endorsed by the C.A.M.W. Council.

#### Elfrida Rathbone Committee

This Committee is a voluntary body initiated by that devoted and indefatigable worker, Miss Elfrida Rathbone, which for a number of years (originally under the name of the Lilian Gregg Committee) has carried on work for defectives in the Islington, Finsbury and Hoxton districts of North London. It has just issued another Annual Report containing an account of many activities, including Clubs for ex-Special School girls and boys, Care Committee work for a re-opened Boys' Special School, visits to defectives in evacuated school parties, and much individual service of various kinds given by a Secretary who is unsparing in her befriending of this group of handicapped children and adolescents to whom friendship is essential for security and happiness.

The Committee would value more voluntary help, even if only for two or three hours a week, and offers of such service will be gladly received by the Secretary, Miss Beth Whetnall, Elfrida Rathbone Committee, Ritchie School, Liverpool Road, N.1.



### Aycliffe Home Office School

The opening of this School with its special "Classifying Centre" is an important step forward recently taken by the Home Office through its Children's Branch, which presages future developments of great significance—as Dr. Hermann Mannheim points out in a recent issue of the *Approved Schools Gazette*.

To the School—situated near Darlington—will be sent, in the first instance, all boys committed from Courts in Northumberland, Durham and Yorkshire. In its Classifying Department, every newcomer will be placed for a short period under skilled observation, and it will then be decided for which School serving the area his personality and educational attainments make him most suitable. If it is discovered that some deep psychological trouble is involved in the boy's problem, arrangements will be made for psychiatric treatment before transfer is contemplated.

A similar Classifying Centre for girls (over school age) will shortly be opened at the Shaw School, near Warrington, to serve the Northern area.

The scheme is as yet in its early experimental stage so that no report can be made on it, but it is likely to disclose a wealth of information which may reveal the need for the opening of Schools of quite new types.

### Association of Mental Health Workers

The Association's Annual Conference held at the Bonnington Hotel, Southampton Row, London, during the week-end of May 7th to 9th, was attended by 101 members from all parts of the country. Addresses were given by Miss Evelyn Fox, on the Provisional National Council for Mental Health; by Dr. Douglas Turner on Developments in Institutional and Extra-Institutional Care of Mental Defectives, and by Dr. D. W. Winnicott on Childhood and Mental Health Problems. An Exhibit of Play Equipment for War Nurseries, improvised from salvage material, aroused great interest.

Miss F. H. Tosh was re-elected Chairman of the Association, Mrs. Lucy Beach as Vice-Chairman, Miss St. Clair Townsend as Secretary, and Miss J. M. Mackenzie as Joint Hon. Treasurer with Miss M. K. Sykes (in place of Miss de Caux who was obliged to resign).

The success of the Conference demonstrated how great is the need felt by workers to meet together and how encouraged they are by such meetings.

### Social Welfare for Allied Nationals

Under the auspices of the British Council, Courses in Social Welfare are given at intervals for the benefit of members of the Allied Nations now in London, who will, on return to their own countries, have a part to play in social reconstruction.

The Mental Health Emergency Committee (now the Provisional National Council) was asked to arrange for a series of lectures on various aspects of Mental Health work, and these are being given as we go to press, by members of its staff assisted by Miss L. G. Fildes, Dr. Frank Bodman and Professor Ginsberg.

As on a previous occasion, great appreciation of the lectures has been expressed by the students, all of whom are eager to learn of our methods of dealing with these special problems which in an intensified form, are likely to present themselves for solution in every war ravaged country.

## Reviews

**The Education of the Ordinary Child.** By John Duncan. Thos. Nelson & Sons Ltd. 1942. 15s.

Mr. John Duncan has built the Lankhills system upon the principle that any sound structure needs a firm base, as essential to the higher as to the lower courses. For this reason he calls his book *The Education of the Ordinary Child*.

It describes how, at Lankhills, a residential special school in Hampshire, teaching methods are selected according to the principle that mental activity should result in further activity both abstract and applied. The schemes of work not only carry into practice Spearman's principle of "noogenesis", but any work is rejected if, in spite of superficially satisfactory results, it fails to satisfy the principle.

The account of how these methods have been evolved provides not only a testimony to the work and research of the whole staff, but to their intelligent clarification of the reciprocal roles of teaching and learning. Mr. Duncan does not claim the exclusive possession of a unique staff, but he emphasizes that while other schools may have equally conscientious teachers, his colleagues really understand the difference between instruction and education.

At Lankhills the inculcation of good mental habits ensures that each child shall attain his maximum potential intellectual efficiency, the attainment of which carries with it increased social development, which, in turn, results in a degree of happiness and personal stability unlikely to be gained where, from the child's point of view, "school learning" has little apparent connection with practical life.

Continuity of purpose is obviously a strong feature of life at Lankhills, and its achievement is the more remarkable since, among the majority of duller children, persistence of effort, as distinct from mere purposeless perseverance, is usually conspicuous by its absence.

Lankhills methods are essentially eclectic. For some years Mr. Duncan and his staff have been winnowing the wheat from the chaff of many other methods. They have chosen and modified those which encourage a child to use his practical intelligence and which develop his ability to plan and work in correct sequence, and therefore most economically. This partly explains why at his school the children, though mentally limited, get through a surprising amount of work, and further, learn to criticize their efforts.

Throughout the book there is frequent reiteration of the fact that it is a grasp of relationships in concrete and practical situations which largely determines our social efficiency, and is usually one of the weakest factors in the mental make-up of subnormal persons. Lankhills training is deliberately planned to develop this factor.

This admirable book provides a healthy antidote to much loose thinking about "equality of opportunity," which so often is in danger of being misinterpreted as "identical opportunity", and as such, proves to be anything but "equal". Mr. Duncan could hardly have chosen a better time to have given us the benefit of his experience and research and to have presented us with the results of the sound thinking that has informed his work.

M.I.D.



**The Psychological Effects of War on Citizen and Soldier.**  
By Group Captain R. D. Gillespie, R.A.F.V.R.,  
M.D., F.R.C.P. Chapman & Hall. 12s.

This book can be divided broadly into three parts. The first consists of a general presentation of the author's views concerning the aetiology and pathology of the neuroses. The second gives a series of facts and observations about the incidence of psychological disorders in civilian life and in the forces during the war. The third and shortest contains some remarks about the problem of morale in general and some philosophical reflections concerning the future of human relationships.

In spite of the title of the book it appears to the reviewer that the first section, comprising the first three chapters, is by far the most important and original part of it, and one hopes that it may form the nucleus of an expanded presentation in the future. The first chapter deals with the changing concepts of neuroses which have been held in recent times. It shows clearly how obliging the psychoneurotic patient has been in producing those symptoms and ideas which fit most closely the particular concept of his physician at the time. The second chapter deals realistically but not pessimistically with the problem of constitution, and the third with social factors in the neuroses. The author threads his way through these difficult problems with a simplicity which is liable to cause one to overlook the wisdom and breadth of knowledge which go to the task. His differentiation between psychoneuroses and psychopathic personalities as belonging to two different series of ideas—the first to the series of reaction types, and the second to the series of personalities or constitutions—seems scarcely to need stating. Yet it is a differentiation which is very rarely stated and which is entirely ignored by many writers. His definition of psychoneuroses as being in the ultimate analysis disorders of social relationships, is another of those simple statements which strike one as self-evident—after the statement has been made.

Two criticisms must be put forward about this section of the book. The first that the statistical evidence upon which the author bases some of his conclusions is too slender and requires amplification. It would perhaps have been better to have relied more upon a clinical and less upon a statistical formulation until this further work has been done. The evidence of one's clinical judgment assures one at least that the work which has been done is on the right lines.

The second criticism is of a different nature. The author has no business to have stopped short at these three chapters. Psychiatrists who have not become slaves of one particular system of thought stand greatly in need of such guidance. The author is one of the few men in this country capable of digesting the facts as presented by various schools of psychology and providing us with a monograph upon the psychoneuroses in which clinical experience, breadth of knowledge and philosophical understanding are blended into a harmonious whole. We still await such a book.

The space at the reviewer's disposal prevents an adequate discussion of the rest of the work. The section upon the neuroses in wartime summarizes quite clearly the author's own experience and that of others still fresh in our minds. It provides a competent and workmanlike survey of a field which the author is well qualified to undertake. The final section is both hopeful and stimulating—but the book must be read if only for those first three chapters.

C.H.R.

**War and the Psychological Conditions of Peace.** By William Brown, D.M.(Oxon), D.Sc.(Lond.), F.R.C.P. A. & C. Black Ltd. 7s. 6d. net.

This is a second and enlarged edition of the author's *War and Peace* which increases the book's extent by one-half.

The general thesis adopted is that "the problem of war and peace is one which needs to be treated constructively with an energy and determination as free as possible from mere uncontrolled emotion and hysteria"; and it might be added, unhindered by exaggerated political and economic considerations. As is pointed out (p. 57) the life of the individual "is penetrated through and through with social influences". This fact must ultimately govern not only our own national life and destiny but that of the world in its international relations. At every point the individual is reacting to the Society to which he belongs. Ignorance, vanity, prejudice, hate, whether racialized or nationalized, depend at present on artificial, political or sentimental groupings. Mental forces continue to manifest themselves in an unconscious form even while the conscious mind is fully alert; indeed, under the influence of mass suggestion, racial or national, they are very apt to do so.

Perhaps in time the old conceptions of "War" and "Peace" will be superseded by a real balance of power: strength and courage balanced by goodwill and understanding; if so, bloodshed may thereby be limited or prevented. It is curious that the most revolutionary promise of the Atlantic Charter, namely, that of the abolition of Fear has been overlooked by many students of social psychology.

As Dr. Brown says, human unconscious urges are not just skeletons in the cupboard: they are very live and potent forces. The tiger is there, and the wolf, and the jackal, and the snake, not forgetting the donkey.

This book is one of a select nucleus of similar essays in the psychology of group relationship; and as such it is to be commended. A.B.

**War in the Mind: The Case Book of a Medical Psychologist.** By Charles Berg, M.D.(Lond.), D.P.M. Macaulay Press. 8s. 6d.

The practice of psychotherapy depends not only on knowledge. Its success, like that of the surgeon, depends on an experienced and practised technique. It is an artistic as well as a scientific procedure. Its various technical methods, whether analysis, persuasion, suggestion, abreaction, free association, and the like depend on qualities of patience and delicacy on the part of the investigator and, equally, on the intelligence, the sincerity and the co-operation of the patient.

For these and other reasons it is probably impossible to report accurately the various nuances, inflections, and implications on which the success of the technique depends. Also, as Freud wrote from his London home in a letter dated May 16th, 1939, which is reproduced as a Foreword, "You will understand that I entertain certain suspicions against the technique of analysts who have made the popularization of analysis their aim. It appears to me a very difficult if not an impossible task."

Yet it should be said that these cases are simply and readably presented. It is further true that there will always be room for the instruction of the student, doctor and patient alike whose endeavour is to discover the rationale and the technical method of the psychoanalytic approach. Indeed out of the welter of experimentation and innovation it may soon be possible to add to the known fundamentals of the method some agreed definition of certain necessary conventions of the psychotherapeutic treatment room. A.B.



**Diagnosis of our Time.** By Karl Mannheim. Kegan Paul. 10s. 6d. Pp. 179.

In this work a distinguished professor of sociology formerly in Frankfurt, discusses the future reconstruction of society. He points out that: "We are living in an age of transition from *laissez faire* to a planned society," and that this planned society will take one of two forms. Either it will be ruled by a minority in terms of dictatorship, or else it will be controlled by a new form of government, a dynamic type of democracy.

Democracy in Professor Mannheim's opinion, must abandon its *laissez faire* liberalism and cease to mistake neutrality for tolerance. If it is to succeed in defeating dictatorship, it must organize itself and adopt a more active policy, giving a lead to the re-organization of the new world order. And in order that it may do so, democracy must enlist the help of its youth. The totalitarian states long ago recognized the importance of organizing the entire youth of the nation, and democracies must follow their lead in developing youth movements. We must not refuse to learn from the totalitarian states even though our aims may be very different from theirs.

Dr. Mannheim is of the opinion that Britain is eminently fitted to take the lead in the founding of a new world order, but if she is to do so, the British must become more vocal and formulate more clearly their ideas. He complains that we have a dislike for all theories and prefer to work silently without speaking of what we are doing. If democracy is to survive it must become more militant and proclaim the ideals for which it is fighting. Dr. Mannheim believes that unless it does so mankind will be enslaved by some totalitarian system of planning which once it is established, it will be difficult to get rid of.

Dr. Mannheim's essays deal with issues which cannot be evaded and they will be read with great interest by those who are concerned with the future of society. He is confident that Europe can be saved by careful planning and re-organization, more confident indeed than many of his readers are likely to be. He deals very little with the great fundamental difficulties dependent on the nature of man.

K.W.

#### **Young Offenders. An enquiry into Juvenile Delinquency.**

By A. M. Carr Saunders, H. Mannheim and E. C. Rhodes. Cambridge University Press. 7s. 6d.

In this report are embodied not only the results of the present enquiry, but a valuable summary of the findings of the more important earlier investigations into juvenile delinquency that have taken place over the past 130 years.

Abnormal home conditions, parental laxity, lack of, or unsuitability of education and employment, the influence of adverse social and economic conditions, such as industrial depression, have all played their part in the periodic fluctuations observed. Furthermore, almost invariably, investigators have shown that no one single factor, in itself, is the cause of crime, and that hence we can expect to find no one specific or sovereign remedy.

The present investigation was initiated by the Home Secretary in 1938, when the general supervision of the work was entrusted to Mr. A. M. Carr Saunders and two of his colleagues at the London School of Economics, Dr. H. Mannheim and Dr. E. C. Rhodes.

The enquiry was at first planned to be carried out in

the London area, but before this was begun, an extension was made to include six provincial cities.

The number of cases finally investigated was nearly 40,000, half of them being delinquents and half non-delinquent controls.

The use of these controls, carefully selected so as to be comparable in age, social and economic environment, etc., is one of the most valuable features of the report, and has not previously been attempted on so large a scale. The investigation was confined to boys and the centre of interest of the inquiry was concerned with social and environmental conditions.

The authors draw attention to the necessity for continuous and progressive investigation, in order that a watch may be kept on broad sociological changes and gradual, but general, alterations in social habits and customs. They do not lose sight of the fact that new factors, which have hitherto played little part in the problem of delinquency, may emerge almost unnoticed, while other factors may equally lose significance or become inoperative.

The report is largely a statistical one, and is not concerned with moral judgments, except incidentally, but its intrinsic objectivity gives additional value to an important piece of research.

#### **Rehabilitation of Disabled Persons. H.M. Stationery Office. 9d.**

The Report of the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons, under the chairmanship of Mr. G. Tomlinson, M.P., issued in January 1943, should bring encouragement to social workers who have for many years been confronted by the plight of those who, although suffering from physical or mental infirmity, are yet capable of occupation but for whom occupation can neither be found nor specially provided.

The Report is particularly encouraging in that it envisages its recommendations as applicable not merely to adults and young people who have been injured through war service or war contingencies, but to all who suffer from disablement, whatsoever its cause, nature or date of origin, and for the first time the principle is enunciated that *there is a national duty to see that persons who have suffered disablement are given an opportunity of leading as full and as useful a life as their disablement permits.*

The need for the establishment of further clinics with psychotherapy facilities and of a neuro-psychiatric service on a regional basis with adequate follow-up facilities is recommended, as is also a comprehensive system of After-Care in relation to the rehabilitation of patients discharged from Mental Hospitals.

It is satisfactory to be able to record that since the issue of this Report, the Ministry of Health has instituted an Enquiry into the incidence of neurosis and the existing facilities for its treatment in Out-Patient Clinics.

#### **Thirty Songs for the Nursery School. Compiled by Winifred E. Houghton. Boosey & Co. Ltd. 2s. 6d.**

The fact that this little book of songs bears the name of Miss Winifred Houghton will be the sole commendation needed by those who have attended her classes given at Courses for teachers or hostel workers. For others less fortunate it may be said that the songs—set to simple European Folk Tunes or to music composed by Miss Houghton herself—are all adapted for use with action and are such as would delight little children.



**The Circle of Life.** By Kenneth Walker. Jonathan Cape. Pp. 156. 7s. 6d.

Mr. Walker has already proved his ability to deal with those questions which concern all ages and all peoples, and to relate them sympathetically to the particular tendencies of the day. In *The Circle of Life*, he sets out to examine the nature of disease, pain, old age and death, and in searching for an attitude to their manifold problems, presents us with a far-reaching philosophy of life. But it is a philosophy for the ordinary person rather than the expert, in which the technicalities of language are subdued and the needs of the majority of readers borne steadily in mind.

Western man in his endeavour to improve his condition on the earth has multiplied his problems and every serious writer is faced with the increasing tyranny of knowledge. Mr. Walker is dealing with questions which have exercised the minds of men for thousands of years and that, strictly speaking, lie outside the range of scientific enquiry. His task takes him over heavy ground. The diversity of the subject and the area that he covers in a hundred and a half odd pages, indicate new possibilities of the mind. The philosopher is bound by the inevitable restrictions of thought, but the wide field of psychology and science lies open before him.

We have been made increasingly aware in this century of the nature of our material environment, of the continuity of organic life, and the part played in this continuity by unicellular organisms and bacteria. Society is slow to adapt itself to new generalizations. We are the masters of our fate, perhaps, at rare moments in life: at all times we are the intimate companions of an out-numbering host of invisible animalculae. This fact of man's interdependent position in the world forms the underlying motif of the book:

*Organic life on the earth forms an integrated whole, and it is only by relating the individual to the mighty organism in which he lives that such problems as birth, disease, old age and death can be understood (p. 21).*

But man is more than an organism, more than a unit in the sum-total of physical life; mind and spirit mingle with his clay, and the struggle for material existence is part of a much wider conflict whose nature is but dimly apprehended. The author sums up his position with particular emphasis on the fact of human choice:

*Man has been fashioned out of the materials of the universe and there is everything in him 'from a mineral to God'. His fate is in his own hands. Either he partakes in ever-increasing degree of his spiritual inheritance, or he identifies himself more and more with the world of organic life, the world of fear, pain, disease, of suffering, confusion and death (p. 156).*

No discussion of this interesting little book would be complete without reference to the subject of Time. Some defect in the nature of our thinking is involved in this difficult problem. Though our ordinary conception of Time is sufficient for the necessities of life, for the more exact purposes of scientific and philosophic enquiry it proves to be inadequate; particularly must this be so in the case of so intricate a question as survival. Some change in our habitual modes of thought is therefore demanded, and, like many divisions which the mind creates for natural ends, that between space and time has to go. To quote from one of the modern interpretations put forward by Mr. Walker:

*Our ordinary conception of life is that of progress along a straight line, but dimensions*

*of time, like those of space, are not really straight but curved. This being so, man moves in a circle . . . (p. 99).*

If we fail to grasp the meaning of this provocative fact, we are yet more deeply made aware of our ignorance. Shaken for a period from habitual inertia, we may catch a glimpse of the strange incongruity that exists between life itself, and our piece-meal approach to so great a mystery.

E.F.I.

**Nursing Life and Discipline.** By Sheila M. Bevington, Ph.D.(Econ.). H. K. Lewis & Co. 7s. 6d.

This book is the record of an investigation into the conditions of nursing and of nursing administration made in a number of hospitals, where we are told about 60 per cent. of nurses of all grades were interviewed, a total of about 500 in all. Though there were marked differences in the hospitals, Dr. Bevington admits that the mere fact that she was permitted to make such an investigation indicates that all of them were to some extent "progressive".

Many aspects of the nurse's life are considered, such as feeding, health, life in the Nurses Home, hours of work and systems of training both in ward and lecture room, and although full weight is given to administrative difficulties, practical measures for reform are freely advocated. Probationers' difficulties are explored, particularly those inherent in the double role of employee and student. "The pressure under which the majority (of ward sisters) now work" is fully appreciated and "optional non-residence" as a contribution to its relief is advocated, while two chapters are devoted to the need for the nurse's training in dealing with disciplinary matters and "in the art of constructive criticism".

The *Lancet* Report, 1932 and the Interim Report of the Inter-Departmental Committee are referred to fully.

Dr. Bevington is a well qualified and trained investigator and has dealt with the problem in an unbiased and constructive way. Comparisons have been made between nursing and school and prison discipline. The cultural and social needs of the nurse in training are shown to be inadequately met, but the findings "mainly stress the need for thoroughly reviewing the basis of staff relations and discipline and for re-invigorating ward training".

Such a book, short and to the point, should be read and considered both by nurses, who may then more fully understand their own difficulties, and by all those responsible in any way for nursing life and discipline since, as the author points out, "at its best, it affords such an opportunity for all round development as few other trainings can offer".

W.J.T.K.

**Let's Make a Game.** Part I. By Alfred Lubran. Bairs Books Ltd., Imperial House, Dominion Street, London, E.C.2. 1s. 6d.

This is a cheerful little book designed to be of value to workers in Clubs and Hostels for Difficult Children, and to teachers in want of new ideas for Number Games suitable for children who are backward.

The raw material used consists of "odds and ends" easy to acquire, and the illustrations of the six games described are attractively produced and brightly coloured.

The author hopes to follow up this first series of games by a further one, and his project will undoubtedly meet a need which with the growing scarcity of manufactured educational equipment is daily becoming more marked.



## Recent Publications

- OUT OF WORKING HOURS. Medical Psychology on Special Occasions. By Henry Yellowlees, M.D. J. & A. Churchill. 8s. 6d.
- PRINCIPLES OF NEUROLOGICAL SURGERY. By Loyal Davis, M.S., M.D. (Chicago, Ill.). London: Henry Kimpton. 35s.
- PSYCHOPATHOLOGY. 3rd Revised Edition. By J. Ernest Nicole. Baillière, Tindall & Cox. 15s.
- AN INTRODUCTION TO INDUSTRIAL PSYCHOLOGY. By May Smith. Cassell. 7s. 6d.
- THE REVISION OF THE STANFORD-BINET SCALE. An Analysis of the Standardization Data. By Quinn McNemar, Associate Professor of Psychology, Stanford University. Introductory Chapter by Lewis M. Terman. 10s. 6d.
- EDUCATION IN A WORLD ADRIFT. By Sir Richard Livingstone. Cambridge University Press. 3s. 6d.
- THE STUDY OF EDUCATION IN ENGLAND. By F. Clarke. Oxford University Press. 2s. 6d.
- THE THREE R'S AND THE ADULT WORKER. By K. E. Norris. Oxford University Press. 11s. 6d.
- THE TEACHING AND TRAINING OF ADULT WORKERS. By P. E. Vernon. University of London Press. 2s.
- YOUTH AND INSTRUCTION IN MARRIAGE AND FAMILY LIVING. By Laura W. Drummond. Bureau of Publications, Columbia University. \$2-35.
- IN THE SERVICE OF YOUTH. By J. Macalister Brew, M.A., LL.D. Faber. 7s. 6d.
- \*SPEECH AND VOICE: THEIR EVOLUTION, PATHOLOGY AND THERAPY. By Leopold Stein, M.D. Methuen. 15s.
- \*MENTAL ILLNESS: A GUIDE FOR THE FAMILY. By Edith M. Stern, with the collaboration of Samuel W. Hamilton, M.D. Commonwealth Fund, New York. \$1-00.
- TOYS IN WAR TIME. By Hilary Page. Allen & Unwin. 3s. 6d.
- COLOURED PAPER WORK. By I. P. Roseaman. Dryad Press. 3s.
- WOODEN TOY MAKING. By Winifred Horton. Dryad Press. 6s. 6d.
- EPILEPSY AND CEREBRAL LOCALIZATION. A Study of the Mechanism, Treatment and Prevention of Epileptic Seizures. By Wilder Penfield, M.D., D.Sc., and Theodore C. Erickson, M.Sc., M.D. Baillière, Tindall & Cox. 44s.

## Reports and Pamphlets

- OUR TOWNS. A Close-Up. (Study made during 1939-42.) With a preface by the Rt. Hon. Margaret Bondfield. Oxford University Press. 5s.
- YOUTH IN A CITY. An Account of an Experiment of Youth Service in its Initial Stages. H.M. Stationery Office, York House, Kingsway, W.C.2. Price 2d.
- CENTRAL COUNCIL FOR SOCIAL WELFARE OF GIRLS AND WOMEN. Handbook of Hostels. 36 Victoria Street S.W.1. 1s. 1d. post free.
- ADMINISTRATION OF JUSTICE IN A COURT OF SUMMARY JURISDICTION. By F. Morton Smith, B.A. Clerk to the Justices for County Borough of Sunderland 2s. 6d.
- EDUCATION AND THE UNITED NATIONS. With an Introduction by Prof. Gilbert Murray. 11 Maiden Lane, W.C.2. Price 1s.
- MICROCEPHALY FOLLOWING MATERNAL PELVIC IRRADIATION FOR THE INTERRUPTION OF PREGNANCY. By Douglas P. Murphy, M.D., Margaret E. Shirlock, M.D., and Edgar A. Doll, Ph.D. (U.S.A.).
- THE SOCIAL COMPETENCE OF IDIOTS. By Noemi Morales, Training School at Vineland, New Jersey.
- AN EXPERIMENT IN THE COTTAGE TRAINING OF LOW-GRADE DEFECTIVES. By Kathryn Fitch Deacon, A.B. Training School at Vineland.

\* To be reviewed in next issue.

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For addresses of Child Guidance Clinics, apply to Child Guidance Council.

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\* Mental Welfare Department of Local Authority.



